

# **EXHIBIT 1**

STATE OF RHODE ISLAND AND



PROVIDENCE PLANTATIONS

## SUPERIOR COURT

## SUMMONS

<b>Plaintiff</b> Rachel Rojanski v. <b>Defendant</b> Brown University	<b>Civil Action File Number</b> PC-2019-4330 <b>Attorney for the Plaintiff or the Plaintiff</b> Chip Muller <b>Address of the Plaintiff's Attorney or the Plaintiff</b> MULLER LAW LLC 47 WOOD AVENUE BARRINGTON RI 02806
Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence RI 02903 (401) 222-3250	<b>Address of the Defendant</b> Thomas R. Bender, Esq. No Known Address      Office of General Counsel Brown University P.O. Box 1913 Providence, RI 02903 Email: Thomas_bender@brown.edu

**TO THE DEFENDANT, Brown University:**

The above-named Plaintiff has brought an action against you in said Superior Court in the county indicated above. You are hereby summoned and required to serve upon the Plaintiff's attorney, whose address is listed above, an answer to the complaint which is herewith served upon you within twenty (20) days after service of this Summons upon you, exclusive of the day of service.

If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Your answer must also be filed with the court.

As provided in Rule 13(a) of the Superior Court Rules of Civil Procedure, unless the relief demanded in the complaint is for damage arising out of your ownership, maintenance, operation, or control of a motor vehicle, or unless otherwise provided in Rule 13(a), your answer must state as a counterclaim any related claim which you may have against the Plaintiff, or you will thereafter be barred from making such claim in any other action.

This Summons was generated on 3/29/2019.

/s/ Henry Kinch  
Clerk

Witness the seal/watermark of the Superior Court

STATE OF RHODE ISLAND AND



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## SUPERIOR COURT

**Plaintiff**

Rachel Rojanski

v.

**Defendant**

Brown University

**Civil Action File Number**

PC-2019-4330

**PROOF OF SERVICE**

I hereby certify that on the date below I served a copy of this Summons, complaint, Language Assistance Notice, and all other required documents received herewith upon the Defendant, Brown University, by delivering or leaving said papers in the following manner:

☐ With the Defendant personally.

*Stephan Inoué*  
Stephan Inoué

☐ At the Defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person of suitable age and discretion \_\_\_\_\_

Address of dwelling house or usual place of abode \_\_\_\_\_

Age \_\_\_\_\_

Relationship to the Defendant \_\_\_\_\_

☐ With an agent authorized by appointment or by law to receive service of process.

Name of authorized agent \_\_\_\_\_

If the agent is one designated by statute to receive service, further notice as required by statute was given as noted below.

☐ With a guardian or conservator of the Defendant.

Name of person and designation \_\_\_\_\_

☐ By delivering said papers to the attorney general or an assistant attorney general if serving the state.

☐ Upon a public corporation, body, or authority by delivering said papers to any officer, director, or manager.

Name of person and designation \_\_\_\_\_

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Upon a private corporation, domestic or foreign:

☐ By delivering said papers to an officer or a managing or general agent.

Name of person and designation \_\_\_\_\_

☐ By leaving said papers at the office of the corporation with a person employed therein.

Name of person and designation \_\_\_\_\_

☐ By delivering said papers to an agent authorized by appointment or by law to receive service of process.

Name of authorized agent \_\_\_\_\_

If the agent is one designated by statute to receive service, further notice as required by statute was given as noted below.  
\_\_\_\_\_☐ I was unable to make service after the following reasonable attempts: \_\_\_\_\_  
\_\_\_\_\_SERVICE DATE: 4/8/19  
Month Day YearSERVICE FEE \$ 430

Signature of SHERIFF or DEPUTY SHERIFF or CONSTABLE

*Randy James #8*

SIGNATURE OF PERSON OTHER THAN A SHERIFF or DEPUTY SHERIFF or CONSTABLE MUST BE NOTARIZED.

Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ ☐ personally known to the notaryor ☐ proved to the notary through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person who signed above in my presence, and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary identification number: \_\_\_\_\_

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